

SCHEV
101 N. 14th Street
Monroe Bldg, 10th Floor
Richmond, Virginia 23219



Phone: (804) 225-2600
Fax: (804) 225-2604
TDD: (804) 371-8017
Web: www.schev.edu

COMMONWEALTH of VIRGINIA
STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

**APPLICATION FOR PARTICIPATION IN THE
VIRGINIA OPTOMETRY GRANT LOAN PROGRAM**

SECTION A: APPLICANT INFORMATION

Name: _____ Date of Birth: ____/____/____

Social Security Number: _____ Telephone: (____) _____

Gender: Male Female E-mail: _____

Permanent Address:

Street City State Zip Code

Institution: _____

Degree Program: _____

Expected Graduation Date: _____

Term for which requesting funds: ____Fall ____Spring ____Summer 20____

Are you a U.S. citizen, U.S., national, or permanent resident? ____Yes ____No
(If "No," attach a copy of your INS documentation, indicating your classification and expiration date to this application)

SECTION B: DOMICILE INFORMATION

CHECK APPROPRIATE BOX:

A DEPENDENT STUDENT – PARENTS / LEGAL GUARDIAN / SPOUSE PROVIDES 50% OR MORE OF FINANCIAL SUPPORT AND / OR CLAIM AS A TAX DEPENDENT

*Domicile is determined by supporting documentation of parents, legal guardian, or spouse – also complete box below.
This individual must also sign this application.*

B INDEPENDENT STUDENT

Domicile is determined by supporting documentation of applicant.

If **dependent**, list the name and address for the last two years for your parent / legal guardian / spouse.. List current address first, including dates.

If **independent**, include this information for yourself.

Name _____ If not the student, this individual is your:
(circle one)
Parent Legal Guardian Spouse

Street Address	City	State	Zip Code	From (mm/dd/yy)	To (mm/dd/yy)
_____	_____	_____	_____	____/____/____	Current
_____	_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	_____	____/____/____	____/____/____

Describe the history in Virginia for the individual indicated above: the various times and purposes when residing in Virginia.

SECTION C: ARMED FORCES

ANSWER BOTH QUESTION A AND B

- A. Are you a current member of the U.S. Armed Forces?** Yes No
If "Yes," have income taxes been paid to Virginia on all military income for the last year?
 Yes No
If "No," have income taxes been paid to another state? Yes No
Does your current Leave/Earnings Statement reflect Virginia withholding?
 Yes No
- B. Is your parent/legal guardian/spouse a current member of the U.S. Armed Forces?** Yes No
If "Yes," have income taxes been paid to Virginia on all military income for the last year?
 Yes No
If "No," have income taxes been paid to another state? Yes No
Does their current Leave/Earnings Statement reflect Virginia withholding?
 Yes No

SECTION D: SUPPORTING DOCUMENTATION

The following documentation must accompany this application:

- A.** A copy of your acceptance letter into your institution stating your major/degree program. There can be no conditions, probation, or provisions associated with your admissions status. Only students who have been **unconditionally** accepted are eligible for participation.
- B.** Provide current official documents that show a Virginia address.
 1. As the applicant, if you have indicated on the previous page that you are a **dependent** of your parents/legal guardian/spouse, then the supporting documentation should be submitted on behalf of that individual.
 2. If you indicated that you are an **independent** student, then supporting documentation showing a Virginia domicile, should have your name on it. These documents are as follows:

If dependent, send the information for **Parent/Legal Guardian/Spouse**; **If Independent**, send information for **yourself**:

- a) Copy of a Virginia driver's license **or** identification card
- b) Copy of most recent federal **and** state tax form
(the federal tax form is only required for the Parent/Legal Guardian/Spouse)
- c) Copy of either a vehicle registration **or** utility bill

SECTION E: SIGNATURE(S)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the State Council of Higher Education for Virginia and the college or university with additional supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

____/____/____
Date

*Signature of Parent/Legal Guardian or Spouse
(required if student is a dependent student)*

____/____/____
Date

Please return this completed application and supporting documentation to:

**State Council of Higher Education for Virginia
Optometry Grant Loan Program
101 N 14th St., Monroe Bldg, 10th Floor
Richmond, Virginia 23219**

**Telephone: (804) 225-2632
Email: leeandes@schev.edu**

Faxed copies of this application will not be accepted.

Commonwealth of Virginia
State Council of Higher Education for Virginia

Virginia Optometry Grant Loan Promissory Note

Current Award Year

Expected Graduation Date

Applicant's Full Name (First, Middle, Last)

Social Security Number

Telephone Number

Street Address

City

State

Zip Code

E-mail

Contact Person's Full Name (First, Middle, Last)

Relationship

Telephone Number

Street Address

City

State

Zip Code

E-mail

I promise to repay, in accordance with the terms of this note, the Commonwealth of Virginia through the State Council of Higher Education for Virginia, hereinafter called SCHEV, the sum of **\$5,000** advanced to me as an Optometry Grant, plus the interest which accrues thereon.

The terms and conditions of this note shall be construed consistent with the requirements of the Virginia Optometry Grant.

1. I am a domiciliary resident of the Commonwealth of Virginia as described in Section 23-7.4 of the *Code of Virginia* (1950), as amended, and enrolled in an eligible Optometry program.
2. I understand that awards made under this program shall be paid directly to the institution to be applied to my individual student account. Any resulting refunds are subject to federal title IV and institutional policies.
3. I specifically agree to repay the above principal plus simple interest on the unpaid balance at five percent (5%) per annum from the date that SCHEV advances the loan funds, with the first payment due to SCHEV, or its designee, no later than the first day of the seventh month following successful completion of an eligible Optometry program. The minimum monthly payment shall be one hundred dollars (\$100) or a higher amount consistent to repay the principal and accrued interest within a term of five years. Should I fail to make any payment by the third calendar day following the payment due date, SCHEV or its counsel may immediately accelerate the maturity of the installments thereafter to become due, in which event the unpaid balance of this note shall become immediately due and payable without demand or notice.
4. If I successfully complete an eligible Optometry program, I may repay this note, plus any accrued interest, by working full-time in Virginia for two years as an Optometry professional.
5. If I discontinue enrollment in an eligible Optometry program, this note shall immediately become due and payable to SCHEV, or its designee.
6. If I fail to work continuously as an Optometry professional after successfully completing an eligible Optometry program for double the number of years that I was a beneficiary of such grant, or portion thereof, this note shall immediately become due and payable to SCHEV, or its designee. I shall repay the amount of the grant(s) received prorated according to the fraction of the work obligation not completed, as determined by SCHEV, plus any accrued interest.
7. I understand that administration of my repayment may be designated by SCHEV to a qualified third-party.
8. I understand that repayment of the uncanceled note may be postponed under the conditions listed below and that all postponements must be requested in writing.
 - If I am participating in a post graduation residency in Optometry. The postponement shall last for duration of the required time of residence plus six months. A copy of supporting documentation along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such residency.
 - If I enter military, VISTA, or Peace Corps service after successful completion of an eligible Optometry program, repayment of the uncanceled note will be postponed until I have completed my original tour of duty for a period not to exceed three years. A copy of orders to report for such service along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such service.
 - If I have successfully completed an eligible Optometry program and accompany my spouse on the original tour of duty in military, VISTA, or Peace Corps service, the repayment of uncanceled notes shall be postponed for a period not to exceed three years. A copy of the orders must be submitted along with the request for postponement to SCHEV. Such postponement, however, is not applicable if the recipient maintains residence in Virginia during the service of the spouse. A copy of spouse orders to report for such service along with the request for postponement must be sent to SCHEV, at least ten (10) business days prior to the beginning of such service.

- A one-year postponement for repayment of this promissory note will be allowed for inability to secure employment by reason of the care required by a disabled child, spouse, or parent. Written postponement requests along with medical certification must be sent SCHEV.
 - A one-year postponement for repayment of this promissory note will be allowed for inability to satisfy the terms of the repayment while seeking and unable to find full-time employment as an Optometry professional for a single period not to exceed 27 months. Written postponement requests along with supporting documentation must be sent to SCHEV.
 - If I experience health conditions that may impede my ability to perform requisite service in Optometry, I may petition SCHEV to grant me forbearance for a period not to exceed three years. Written forbearance requests along with medical certification must be sent to SCHEV.
9. If it becomes necessary to place a note in the hands of an agency or attorney for collection, I agree to pay a charge for the attorney or collection agency fees, in addition to the amount due on the note at the time of collection. Such charge for court costs and attorneys fees shall be twenty-five percent (25%) of the original amount of this note. In further consideration of SCHEV's forbearance in instituting or continuing suit, I expressly waive any statute of limitations which could be pled by me as a defense to the above collection claim by SCHEV and agree that the venue of any lawsuit brought against me shall be in the City of Richmond, Virginia. I hereby intend to legally bind myself and my heirs, executors, administrators, and assigns.
 10. I am responsible for keeping SCHEV, or its designee, informed of my status including any change of address, graduation date, enrollment in another college, military service, and the location of the Optometry practice until the total obligation is satisfied.
 11. I waive presentment, demand, protest and notices of honor and protest and the benefit of homestead exemption and all other exemptions which legally may be waived with regard to the obligation evidenced by this note.
 12. All references herein to SCHEV shall include any subsequent holder or assignee of this note. Virginia law shall govern this note.

I will not sign this note before reading all pages, even if otherwise advised. I will not sign this note if it contains any blank space. I am entitled to an exact copy of this note and any agreement I sign in furtherance of same. I have the right at any time to pay in advance the unpaid balance due under this note without penalty. I authorize SCHEV to contact and receive information from any entity it deems necessary for purposes of locating me, if I fail to keep in contact. These entities include, but are not limited to, the college's Alumni Association, the Department of Motor Vehicles and other state agencies, family members, and current and previous employers.

Applicant Signature	Date Signed
	SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____. WITNESS MY HAND AND OFFICIAL SEAL. Notary Public: _____ Expiration Date: _____

If the student is under 18 years of age, this promissory note also must be signed by the student's parent or legal guardian.

Full Name (First, Middle, Last)	E-mail	Telephone Number
Street Address	City	State
		Zip Code

Parent / Legal Guardian's Signature	Date Signed
	SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____. WITNESS MY HAND AND OFFICIAL SEAL. Notary Public: _____ Expiration Date: _____

Name of Authorized State Official	Title
-----------------------------------	-------

Authorized Official's Signature	Date Signed
---------------------------------	-------------

Mail completed promissory note to: **State Council of Higher Education for Virginia
 Financial Aid Office – Optometry Grant
 101 N. 14th Street, James Monroe Building 10th Floor
 Richmond, Virginia 23219**